MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10581

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick
City or town: Sanatorium Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 8Mos 3Days
Stay in this community (yrs., or mos., or days): 8Mos 3Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George
City or town: Beltsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Elmwood Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Richard R Aldrich

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): December 16 1907

8. AGE: Years 32 Months 9 Days 29 If less than one day hrs. min.

9. Birthplace: Village Creek Iowa
(Town, county, and state)
10. Usual occupation: Office-Clerk
11. Industry or business

FATHER
12. Name: James W Aldrich
13. Birthplace: Iowa

MOTHER
14. Maiden name: Constance Ericson
15. Birthplace: Iowa

16. Informant: Richard R Aldrich
Address: Beltsville, P.G.Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 18 1940 (month) (day) (year)
Cemetery or crematory: Village Creek Cem.
Location: Allamokee Co. Iowa.

18. Funeral director: M.L.Creager
Address: Thurmont, Md.

19. 10/15/1940 (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 15 1940, at 8.25 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 12 1940, to Oct 15 1940 and that I last saw him alive on Oct 15 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 10Mos

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Laryngitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John E. Goodpasture, M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 10/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

CERTIFICATE OF DEATH

10582

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Rural Nr. Feagaville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 55yrs
Hospital, Institution, or street address where death occurred:
Frederick, Md. R. D. 5
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town rural Nr. Feagaville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Frederick, Md. R. D. 5
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME George Franklin Angleberger

3. (b) Social Security Number 219-07-8997

4. Sex	5. Color or race	6.(a) ~~Single~~, Married, ~~Widowed, or Divorced~~
male	white	married

6.(b) Name of ~~husband~~ or wife Myrtle M. Haller

6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) April 15, 1885

8. AGE: Years	Months	Days	If less than one day
55	6	6	....hrs. ....min.

9. Birthplace Nr. Braddock, Fred., Md.
(Town, county, and state)
10. Usual occupation Operated Traction Engines
11. Industry or business Saw mill & Threshing Machine
FATHER 12. Name Howard H. Angleberger,
13. Birthplace Nr. McKaig, Md.
MOTHER 14. Maiden name Mary Catherine Bussard,
15. Birthplace Nr. Jefferson, Md.
16. Informant Mrs. Geo. F. Angleberger,
Address Frederick, Md. R. D. 5
17. Burial (Burial, cremation, or removal, ~~Burial~~) Date thereof 10 / 24 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Mount Olivet Cemetery
Location Frederick, Md.
18. Funeral director M. R. Etchison & Son
Address Frederick, Md.
19. 23-Oct 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21st., 1940, at 5.55A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 9-5-39 1939, to 10-20 1940 and that I last saw h~~e~~im alive on 10-20-40 1940

Immediate cause of death	DURATION
Chronic Glomerulo Nephritis	2 yrs
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Wm U J Bourne M. D. or other
Address Frederick, Md. Date signed 10/21/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

10583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-12)

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
County: Fredericks
City or town: Middletown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 36 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Middletown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3. (a) FULL NAME: Mrs. Mary E. Beachley

3. (b) Social Security Number: No.

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: E. Walter Beachley
6.(c) If alive, give age: 65 years
7. Birth date of deceased (mo., day, yr.): Mar. 14-1873

8. AGE: Years: 67 Months: 7 Days: 13 If less than one day: hrs. min.

9. Birthplace: Middletown, Frederick County, Maryland
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Charles Rudy
13. Birthplace: Middletown, Md.

MOTHER
14. Maiden name: Amanda Kefauver
15. Birthplace: Middletown, Md.

16. Informant: Miss Bertha Rudy
Address: Middletown Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Oct. 29-1940 (month) (day) (year)
Cemetery or crematory: Reformed
Location: Middletown, Md.

18. Funeral director: Gladhill Co.
Address: Middletown, Md.

19. 40 Oct 29 1940 (Date rec'd by registrar) D. Grayson Sauner, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 27 1940, at 10 50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 26 1940 to Oct 27 1940 and that I last saw her alive on Oct. 27 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 17 hrs
Due to:
Due to:
Other conditions: Hypertension
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. E. Harp M.D. (M. D. or other)
Address: Middletown Date signed: Oct 28, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

10584

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick Md.

City or town, Frederick Route 5
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Montevue Home (Co.)

Stay in hospital or inst. (yrs., or mos., or days) 3 yrs 4 mo 8 days

Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

~~City~~ or town Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME
Beard, Howard

3. (b) Social Security Number
None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 25 1868

8. AGE: Years	Months	Days	If less than one day
72	6	6	hrs. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name David Beard

13. Birthplace Pa

MOTHER 14. Maiden name Margaret Hoke

15. Birthplace Pa.

16. Informant G. C. Trout Supt.

Address Montevue Home Fairfield Co. Md
Route

17. Burial Date thereof Nov 3-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Union Cem.

Location Fairfield - Pa.

18. Funeral director S. L. Allison Rev. C. E. Wilson

Address Emmitsburg, Md.

19. 31-Oct 1940 Dra J McSurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1940, at 6a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1932, to Oct 31 1940, and that I last saw h alive on Oct 30 1940.

	DURATION
Immediate cause of death Convulsions	1/2 hr?
Due to Epilepsy	50 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Thomson M. D. or other

Address Frederick Md Date signed Oct 31, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

10585

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County: Frederick

City or town: Middletown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Middletown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME Ruth Ann Bidle

3. (b) Social Security Number No

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Daniel C. Bidle

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 27-1866

8. AGE: Years: 74 Months: Days: 11 If less than one day ..... hrs. ..... min.

9. Birthplace: Wolfsville, Frederick County, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: William Toms
13. Birthplace: Foxville, Md.

MOTHER
14. Maiden name: Eva Ann Meisner
15. Birthplace: Foxville, Md.

16. Informant: Mrs Ruth Shiffer
Address: Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 10, 1940 (month) (day) (year)

Cemetery or crematory: Frederick Memorial Park Crypt

Location: Frederick, Md.

18. Funeral director: Gladhill Co.
Address: Middletown Md.

19. Oct 10 1940 (Date rec'd by registrar) D. Gordon Lawrence Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 8 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10 1940, to Oct. 7 1940 and that I last saw her alive on Oct 7 1940

Immediate cause of death: Cerebral Hemorrhage

Due to:

Due to:

Other conditions: Chr. Valvular Heart disease

(Include pregnancy within 3 months of death)

DURATION: Oct 6 '40

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J Elmer Harp MD M. D. or other

Address: Middletown Date signed: Oct 9 '40

VS A15 (T) MARGIN RESERVED FOR BINDING (1)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (M)

RECEIVED
NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

10586

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 67 yrs

Hospital, Institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 6 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 30 S. Court

(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Lloyd Jesse Brown

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) single, married, widowed, or divorced
male	Col.	Married

6.(b) Name of husband or wife Molly Brown

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 4 1873

8. AGE: Years 67 | Months 3 | Days 12 | If less than one day ... hrs. ... min.

9. Birthplace Carroll Co Md.

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Isaiah Brown

13. Birthplace Md.

MOTHER 14. Maiden name Catherine Sadler

15. Birthplace Md.

16. Informant Miss Adelsberger Emergency

Address Hospital, Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/19/40 (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Md.

18. Funeral director M. P. Eichelberger & Son

Address Frederick, Md.

19. 18-Oct 1940 (Date rec'd by registrar) Ira J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1940, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10 1940, to Oct. 16 1940

and that I last saw h... alive on Oct 16 1940

Immediate cause of death	DURATION
Coronary Thrombosis	3 hrs
Due to	
Arteriosclerosis	years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. O. Eichelberger M. D. or other

Address Frederick, Md. Date signed 10/18/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 5 1940
U. S. DEPT. OF AGR.

10587

STATE OF MARYLAND—CERTIFICATE OF DEATH

(83-a)

1. PLACE OF DEATH Registration Dist. No. 137

County Frederick

Village or City Near Libertytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Belle Busey If U. S. Veteran, specify WAR

(a) Residence: No. Rural Libertytown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Busey

6. DATE OF BIRTH (month, day, and year) Dec 17th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1940

f1. Total time (years) spent in this occupation Life

f2. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Nicholas Fogle

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mary C Fogle

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Charles Fogle
(Address) Union Bridge RFD

f8. BURIAL, CREMATION, OR REMOVAL
Place Baker Hill Date Oct 4th, 1940

f9. UNDERTAKER Powell & Allaugh
(Address) Libertytown Md

20. FILED Oct 3, 1941 W D Cluffman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 2nd (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 19-, 1940, to Oct 2nd, 1940

I last saw her alive on Oct 1st, 1940; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Sept 19- 1940

Other Contributory Causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury none

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) C. A. Stultz M. D.

(Address) Woodsboro Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46-F

10588

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick Rural (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Frederick

City or town Mt. Airy (If outside city or town limits, write RURAL and give nearest town)

Street No. R. F. D. (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME ~~Sally~~ Chaney — SARAH A.

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6.(b) Name of husband ~~or wife~~: John Chaney

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 10 1862

8. AGE: Years 76 | Months 11 | Days 21 | If less than one day ..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER: 12. Name David Cramer

13. Birthplace Md.

MOTHER: 14. Maiden name Elizabeth Crawmer

15. Birthplace Md.

16. Informant Miss Adelsberger Emergency

Address Hospital Frederick, Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Nov. 3, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Prospect

Location New Mt. Airy Md.

18. Funeral director C. M. Waltz

Address Winfield Md

19. 31-Oct 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1940, at 8 30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30 1940, to 31-Oct 1940 and that I last saw her alive on Oct 30 40 19

Immediate cause of death: Carcinoma of Liver — DURATION: ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. O. Thomas for Spoke M. D. or other

Address Frederick Md. Date signed 31-Oct 40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(97)

10589

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick, Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ Rural Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Frederick

(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Anna L. Church

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
female	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 30 - 1858

8. AGE: Years	Months	Days	If less than one day
82	3	26	..... hrs. ..... min.

9. Birthplace Meadville, Pa.

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Gaylord Church

13. Birthplace N.Y.

MOTHER 14. Maiden name Anne Bevan Pearson

15. Birthplace Mercer, Pa

16. Informant Mrs. J. W. Hammell

Address Near Frederick, Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Oct. 28 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md

18. Funeral director Harry E. Cartz Co

Address Frederick, Md.

19. 28-Oct 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1940, at 2.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25 1940, to Oct 25 1940 and that I last saw h.e.r. alive on Oct 25 1940

Immediate cause of death	DURATION
Acute cardiac dilatation	24 hours
Due to arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. M. Bare M. D. or other

Address Emmitsburg, Md. Date signed Oct 28 1940

RECEIVED
NOV 5 1940
U. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (46-Ec)

10590

Registered No. 137

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Frederick Co
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Union Bridge
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Sara R. Clary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Jesse Clary
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
73	9	10	hr. min.

9. Birthplace Frederick Co
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Jonas Eberner
13. Birthplace Frederick Co

MOTHER
14. Maiden Name Tibatha Nevis
15. Birthplace Frederick Co

16 (a) Informant Jesse Clary
(b) Address Union Bridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 5 1940 (month) (day) (year)
(c) Cemetery or crematory Le Gore
Location Unionville Md

18 (a) Funeral director Raymond K. Wright
(b) Address Union Bridge Md

19 (a) OCT 5 1940 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2-1940, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June - 1940, to Oct 2 1940, and that I last saw her alive on Oct 2 1940.

Immediate cause of death	Duration
Cancer (operable)	
Primary in intestines Cecum	
Due to Duration One year.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Legg M. D.
Address Union Bridge Date signed 10-2-40

VS 3

NOV 4 1940
U. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-e)

10591

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City ~~or town~~: Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 79 years

Hospital, institution, or street address where death occurred? 115 Record Street

How long in hospital or institution? 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Frederick

City ~~or town~~: Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No. 115 Record St. (If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Emma Jane Conley

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, ~~married, widowed, or divorced~~: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Jany 27 - 1861

8. AGE: Years 79 | Months 8 | Days 12 | If less than one day ..... hrs. ..... min.

9. Birthplace: Frederick Md. (Town, county, and state)

10. Usual occupation: Retired Housekeeper

11. Industry or business: —

FATHER
12. Name: Harrison Conley
13. Birthplace: Frederick Co. Md.

MOTHER
14. Maiden name: Rachel Friend
15. Birthplace: Frederick Md.

16. Informant: Mrs. Otis Kepler

Address: Frederick Md

17. Burial (Burial, ~~cremation, or removal which?~~) Date thereof: Oct 11/40 (month) (day) (year)

Cemetery ~~or crematory~~: Mt. Olivet Cemetery

Location: Frederick Md.

18. Funeral director: C. E. Cline & Son

Address: Frederick Maryland

19. 11 - Oct 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 9th 1940, at 12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Spring of 1938, to Oct 9 1940 and that I last saw her alive on Oct 9 1940

Immediate cause of death: Cerebral Hemmorhage causing softening of brain

Due to: a fall on head in the Spring of 1938

Due to: making a mistake

Other conditions: —

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Wm Crawford Johnson M. D. or other

Address: Fredk Md Date signed: 10/10/40

RECEIVED
NOV 5 1940
U. S.

wol

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

10592

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Near Burkettsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Fred

City or town Near Burkettsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Burkettsville
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Elizabeth Sherriman Danner.

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Joseph Luther Danner

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Mar. 28 1865

8. AGE:

Years	Months	Days	If less than one day
75	6	6	hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name James T R Saffell
13. Birthplace Maryland.

MOTHER
14. Maiden name Anna Steiner
15. Birthplace Germany

16. Informant Gideon Joseph Saffell
Address Burkettsville Md.

17. ~~Burkettsville~~ Burial (Burial, cremation, or removal. Which?) Date thereof Oct 7 1940 (month) (day) (year)

Cemetery or crematory Union Cem.

Location Burkettsville Md.

18. Funeral director C. H. Fite & Bro

Address Brunswick Md.

19. Oct 8 1940 Jno H S. Hodges
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4th 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 27 1940, to Aug 27 1940, and that I last saw her alive on Aug 27 1940.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION Probably 2 yrs

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J Elmer Harp MD
M. D. or other

Address Middletown Date signed Oct 5 '40

Wr Hark.

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

10593

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City ~~or town~~: Rural, Frederick, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, Institution, or street address where death occurred: nr. Mt. Philip

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City ~~or town~~: Fredercik
(If outside city or town limits, write RURAL and give nearest town)

Street No. 313 W. South St.
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: John Edward Deater

3.(b) Social Security Number: none

4. Sex: male

5. Color or race: white

6.(a) Single, ~~married, widowed, or divorced~~: single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 73 ? Months: Days: If less than one day ... hrs. ... min.

9. Birthplace: Frederick, Frederick, Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Did not work for years

FATHER
12. Name: Jacob Deater,
13. Birthplace: Washington Co., Md.

MOTHER
14. Maiden name: Georgianna Abrecht,
15. Birthplace: Frederick, Maryland.

16. Informant: Mr. Harry Deater,
Address: Frederick, Md. R.D. # 5

17. Burial (Burial, ~~cremation, or removal, which?~~) Date thereof: 10 / 11 / 40 (month) (day) (year)

Cemetery or ~~crematory~~: Mount Olivet Cemetery,

Location: Frederick, Maryland.

18. Funeral director: M. R. Etchison & Son,
Address: Frederick, Md.

19. 9-Oct 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 8th., 1940, at 11.30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1940, to Oct 8th 1940 and that I last saw him alive on Oct 6th 1940

Immediate cause of death: Chronic Myocarditis — DURATION: 1 year

Due to: Cardiac Lesions — 9 o 6 yrs

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank H. Hedge M. D. or other

Address: Frederick, Md. Date signed: 10/9/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

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RECEIVED
NOV 5 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore (122a)

10594

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 Week

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Henry D. Dolan

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Nora Belle Bailey

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April - 3 - 1857

8. AGE: Years	Months	Days	If less than one day
83	6	24	hrs. min.

9. Birthplace Virginia
(Town, county and state)

10. Usual occupation Retired Railroad Conductor

11. Industry or business B & O. R.R.

FATHER 12. Name Michael C. Dolan

13. Birthplace Virginia

MOTHER 14. Maiden name Mary (Unknown)

15. Birthplace Virginia

16. Informant Russell Dolan

Address Brunswick Md.

17. Removal Date thereof Oct - 28 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory —

Location Stanley - Virginia

18. Funeral director C. H. Teets & Bro

Address Brunswick Md

19. 26 - Oct 1940 Dra J. McSurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1940, at 10.55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 23 1940, to Oct 26 1940, and that I last saw h— alive on Oct 26 1940.

Immediate cause of death	DURATION
Strangulated Hernia	6 days.
Gangrenous Bowel.	
Due to —	
Due to —	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrenous bowel.
Wet Resection.
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE E P Thomas
M. D. or other

Address Frederick Md Date signed Oct 26

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (87e)

Reg. Dist. No. 138

10595

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Ijamsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Riggs Cottage Sanitarium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs

(e) Length of stay in this community (yrs., mos., or days) 2 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 601 Dukeland St. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Louise Eberman

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife W. E. Eberman

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1885

8. AGE: Years 55 Months 2 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Gustav Friede

13. Birthplace Germany

MOTHER 14. Maiden Name Louise Nevrer

15. Birthplace Richmond, Va.

16 (a) Informant Sanitarium Records

(b) Address Ijamsville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location Baltimore Md

18 (a) Funeral director L. B. Wippert & Son

(b) Address 1300 Eastern Place

19 (a) Oct 27 1940 (Date rec'd by registrar) (b) Lucian K. Fahoner Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 27, 1940, at 8 25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24, 1939, to Oct 27 1940, and that I last saw him alive on Oct 27, 1940.

Immediate cause of death Pulmonary edema — Duration 2 hrs

Due to Organic Brain Disease Prob. Arterial Arteriosclerosis — 2 yr (?)

Due to

Other conditions Agitated Depression Inanition (Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Josua W. McAllister M. D. or other

Address Riggs Cottage San. Ijamsville, Md Date signed Oct. 27, 1940

VS. A15 (T) (1) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-E) C13

10596

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 17days

Stay in this community (yrs., or mos., or days) 17days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State New York County

City or ~~town~~ Brooklyn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 607 Decatur St.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME

George Elliott

3. (b) Social Security Number

152-05-3276

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6 (b) Name of ~~husband~~ or wife Rebecca Ellingham

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 27, 1886

8. AGE: Years	Months	Days	If less than one day
54	2	6	____ hrs. ____ min.

9. Birthplace Belfast, Ireland
(Town, county, and state)

10. Usual occupation Marine Engineer (Forman)

11. Industry or business Basin Iron Works, Brooklyn, N. Y.

FATHER
12. Name George Elliott,
13. Birthplace Belfast, Ireland

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

16. Informant Mrs. George Elliott,
Address 607 Decatur St., Brooklyn, N. Y.

17. Removal
(~~Burial, cremation~~, or removal. ~~Which?~~) Date thereof 10 / 3 / 40
(month) (day) (year)

Cemetery or crematory

Location Brooklyn, N. Y.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Maryland

19. 3-Oct 1940 Dra J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3rd., 1940, at 5.10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 17 1940, to Oct. 3 1940, and that I last saw h~~im~~ alive on Oct. 2 1940.

Immediate cause of death	DURATION
Sub-phrenic Abscess	1 wk.
Due to Perforated Duodenal Ulcer	Sept. 16
Due to	
Due to	
Other conditions Hypertrophied Liver with Hernia	1 wk.

(Include pregnancy within 3 months of death)

Major findings: Sept. 16 - Perforated Duodenal Ulcer

Of operations Oct. 2 - Sub-phrenic Abscess

Of autopsy -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank D. Worthington M. D.

Address Frederick, Md. Date signed 10/3/40

RECEIVED
OCT 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10652

CERTIFICATE OF DEATH

(50)

Reg. Dist. No. 13

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs
Hospital, Institution, or street address where death occurred:
222 E. Patrick St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 222 E. Patrick Street
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME
Mary Bertha Englebrecht

3. (b) Social Security Number
none

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6.(b) Name of husband or ~~wife~~ Jacob L. Englebrecht
6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) August 11, 1884

8. AGE: Years	Months	Days	If less than one day
56	2	3	....hrs. ....min.

9. Birthplace Church Hill, Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business Home

FATHER
12. Name H.S.B. DeGrange
13. Birthplace near Jefferson, Md.

MOTHER
14. Maiden name Annie H.M. Myers
15. Birthplace near Adamstown, Md.

16. Informant Jacob L. Englebrecht
Address 222 E. Patrick St, Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/16/40 (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Olivet Cem. Fredk, Md.
Location Frederick, Md.

18. Funeral director M.R. Etchison & Son
Address 106 E. Church St, Frederick, Md.

19. 14 - Oct 1940 (Date rec'd by registrar) Dora L. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1940 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940 to Oct. 14 1940 and that I last saw h alive on Oct. 14 1940

	DURATION
Immediate cause of death Carcinoma of breast	4 months
Due to	
Due to	
Other conditions Multiple metastasis	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm. M. Smith M.D.
M. D. or other
Address Frederick Md. Date signed Oct. 14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

10653

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County Frederick
City or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years.
Hospital, Institution, or street address where death occurred:
No
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME George N. English.

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Mattie Shook English.
6.(c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) Dec. 22, 1862

8. AGE: Years	Months	Days	If less than one day
77	10	5	hrs. min.

9. Birthplace Wolfsville, Md. (Frederick Co.)
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Jonathon D. English.
13. Birthplace Frederick, Md.

MOTHER
14. Maiden name Mary Leatherman
15. Birthplace Wolfsville, Md. (Frederick, Co.)

16. Informant Mrs. Mattie English
Address Thurmont, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 30, 1940 (month) (day) (year)
Cemetery or crematory Cemetery (Mt. Olivet)
Location Frederick, Md.

18. Funeral director M. L. Creager & Son.
Address Thurmont, Md.

19. Oct. 28- 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27, 1940 at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 8 1940 to Oct. 27 1940
and that I last saw h.. alive on Oct. 27 1940

Immediate cause of death	DURATION
Cerebral Thrombosis	19 days
Due to Cerebral Hemorrhage — first attack Aug 9-1935	5 yrs
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings of operations None
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James A. Gray M.D.
M. D. or other
Address Thurmont, Md. Date signed 10/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 2 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10655

(1240)

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick

City or town Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infanta give residence of mother)

State Md. County Frederick

City or town Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Thomas Allen Fitzgerald

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6.(b) Name of husband or wife Naoma E. Powell

6.(c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Feb. 25. 1907

8. AGE: Years	Months	Days	If less than one day
33	7	15	hrs. min.

9. Birthplace Emmitsburg Frederick Co. Md. (Town, county, and state)

10. Usual occupation Restaurant proprietor

11. Industry or business

FATHER 12. Name Edward J. Fitzgerald

13. Birthplace Baltimore Md.

MOTHER 14. Maiden name Agnes E. Speicher

15. Birthplace Carroll Co. Md.

16. Informant Mrs. T. Allen Fitzgerald

Address Emmitsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 12. 1940 (month) (day) (year)

Cemetery or crematory St. Anthonys Cem.

Location Near Emmitsburg Md.

18. Funeral director Powell & Albaugh

Address Woodsboro Md.

19. Oct 10 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1940, at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937 19.., to Oct 10 1940

and that I last saw him alive on Oct 10 1940

Immediate cause of death	DURATION
Cirrhosis of Liver	10 months.
Due to Alcoholism	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Castle M D (M. D. or other)

Address Emmitsburg Md. Date signed 10-10-40

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10597

119-a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick, Md
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Fredk.
~~City~~ or town Woodsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR hr

3. (a) FULL NAME Fogle, Ray

3. (b) Social Security Number no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 - 1940

8. AGE: Years 0 | Months 5 | Days 10 | If less than one day hrs. min.

9. Birthplace Woodsboro, Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Austin A Fogle
13. Birthplace Woodsboro Md

MOTHER 14. Maiden name Mary Devilbiss
15. Birthplace Woodsboro Md

16. Informant Austin A Fogle
Address Woodsboro Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 2 40 (month) (day) (year)
Cemetery or crematory Cemetery (Mt Hope)
Location Woodsboro
18. Funeral director Mc Cusker Bros
Address Thurmont Md

19. 1 - Oct 1940 Dra J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1940, at 9 45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 29 1940, to Oct 1 1940, and that I last saw him alive on Oct 1st 1940.

Immediate cause of death Acute Gastro intest Disturbance — DURATION 8 Days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. S. Rueker M. D. (Other)
Address Frederick Md Date signed 10/1/40

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

10656

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH

County: Frederick

City or town: Libertytown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Frederick

City or town: Libertytown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Maurice Delilah Fox

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Charles M Fox

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Aug 13 1873

8. AGE: Years: 67 Months: 1 Days: 24 If less than one day: hrs. min.

9. Birthplace: Frederick Co
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: George W Sheetenhelm
13. Birthplace: Md

MOTHER
14. Maiden name: Deborah Brengle
15. Birthplace: Md

16. Informant: Charles M Fox
Address: Libertytown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 10th 1940 (month) (day) (year)

Cemetery or crematory: Mt Zion

Location: near Mt Pleasant

18. Funeral director: Powell + Albaugh
Address: Libertytown Md

19. Oct 10 1940 (Date rec'd by registrar) W D Carpenter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 7th 1940 at 5:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 4 1940 to Oct. 7 1940 and that I last saw her alive on Oct. 7 1940 5:25 P M

Immediate cause of death: Cerebral hemorrhage — DURATION: 10 days.

Due to: Arteriosclerosis

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wm M. Smith M D
M. D. or other

Address: Frederick, Md Date signed: Oct. 9-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (80-a)

CERTIFICATE OF DEATH

10658

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 days
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City~~ or town Browningsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Browningsville, Md.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME
Franklin Startzman Gladhill

3. (b) Social Security Number
none

4. Sex	5. Color or race	6.(a) ~~single~~, married, ~~widowed~~, or ~~divorced~~
male	white	married

6.(b) Name of ~~husband~~ or wife Mollie Baker
6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1886

8. AGE: Years	Months	Days	If less than one day
53	9	11	.....hrs. .....min.

9. Birthplace Nr. Frederick, Fred., Md.
(Town, county, and state)
10. Usual occupation Cattle Dealer & Farmer
11. Industry or business

FATHER
12. Name Upton Mc. Gladhill,
13. Birthplace Myersville, Md.

MOTHER
14. Maiden name Laura Diehl,
15. Birthplace nr. New Windsor, Md.

16. Informant Mrs. F. S. Gladhill,
Address Browningsville, Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 10 / 14 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Kriders Cemetery,
Location Nr. Westminster, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. 12-Oct 1940 (Date rec'd by registrar) Wm. J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11th., 1940 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2 1940 to Oct. 11 1940 and that I last saw him alive on Oct. 11 1940

Immediate cause of death	DURATION
Abscess of brain	24 hrs?
Due to Staphylococcic blood stream infection	8 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of .....
Where did injury occur? .....
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other
Address Frederick, Md. Date signed 10/11/40

RECEIVED
NOV 5 1940
U. S. DEPT. OF AGR.

10659

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
236 Dill Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 236 Dill Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war NONE

3. (a) FULL NAME Philip Emanuel Grove

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) ~~single~~, married, ~~widowed~~, or divorced
Male	White	Married

6.(b) Name of ~~husband~~ or wife Mrs. Bertha Sigmond Grove

6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 13, 1870

8. AGE: Years	Months	Days	If less than one day
70	6	24	..... hrs. ..... min.

9. Birthplace Woodsboro, Frederick Co., Maryland
(Town, county, and state)

10. Usual occupation Salesman (Retired)

11. Industry or business

FATHER
12. Name Emanuel M. Grove
13. Birthplace Knoxville, Maryland

MOTHER
14. Maiden name Hannah S. Warner
15. Birthplace Woodsboro, Maryland

16. Informant Mrs. Philip E. Grove
Address Frederick, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 10/9/40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son
Address Frederick, Maryland

19. 9-Oct 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7th 1940 at 7 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1940 to Oct 7th 1940 and that I last saw him alive on Oct 7th 1940

Immediate cause of death	DURATION
Chronic Myocarditis	5 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Robert S. Lyson M. D. or other

Address Frederick, Md Date signed Oct 8/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
U. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10660

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 80 years
Hospital, Institution, or street address where death occurred:
15 East Third Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 15 East Third Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: John Michael Haller

3.(b) Social Security Number: NONE

4. Sex	5. Color or Race	6.(a) Single, married, widowed, or ~~divorced~~
Male	White	Widower

6.(b) Name of ~~husband~~ or wife: Jennie Haller

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): March 31, 1860

8. AGE: Years: 80 | Months: 6 | Days: 2 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Frederick, Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation: Retired Merchant

11. Industry or business:

FATHER
12. Name: Thomas Haller
13. Birthplace: Frederick, Maryland

MOTHER
14. Maiden name: Caroline Fessler
15. Birthplace: Frederick, Maryland

16. Informant: Miss Clara Haller
Address: Frederick, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 5, 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Mt. Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: C. E. Cline and Son
Address: Frederick, Maryland

19. 4-Oct 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 2d 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 28 1940, to Oct. 2 1940
and that I last saw him alive on Oct. 2 1940

Immediate cause of death	DURATION
Acute Coronary Thrombosis	1 hr
Due to: Arteriosclerosis	
Due to:	
Other conditions: Gastric Disease	8 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.:
Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. Austin Geare M.D.
M. D. or other
Address: Frederick, Md. Date signed: Oct 4 '40

RECEIVED
OCT 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

10598

Reg. Dist. No. 13

VS A15 — MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 Yrs.
Hospital, institution, or street address where death occurred:
17 East Sixth Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 17 East Sixth Street
(If rural, give LOCATION)
2.(a) If veteran, name war NONE

3. (a) FULL NAME Charles Louis Hammond

3. (b) Social Security Number 216-14-5375

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
Male	Colored	Married

6.(b) Name of ~~husband~~ or wife Ruther Virginia Robinson
6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) January 1, 1867

8. AGE: Years	Months	Days	If less than one day
73	9	21	...hrs. ...min.

9. Birthplace Frederick, Md.
(Town, county, and state)
10. Usual occupation Janitor
11. Industry or business
FATHER 12. Name Daniel Hammond
13. Birthplace Nr. New Windsor, Md.
MOTHER 14. Maiden name Margaret Frazier
15. Birthplace Frederick, Md.
16. Informant Mrs. Charles L. Hammond
Address 17 East Sixth St., Fred., Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Oct. 25, 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Fairview Cemetery
Location Frederick, Md.
18. Funeral director M. R. Etchison & Son
Address Frederick, Md.
19. 23-Oct 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22, 1940 at 2:45 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 17 1940, to Oct 22 1940
and that I last saw h~~im~~ alive on Oct 22 1940

Immediate cause of death	DURATION
Cerebral Hemorrage	
Due to Hypertension	5 Days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm Scott Sims M. D. or other
Address Frederick, Md Date signed 10/23/40

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

10599

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 19 years
Hospital, Institution, or street address where death occurred:
264 Dill Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Frederick Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 264 Dill Ave
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME Harvey Ellsworth Hann

3.(b) Social Security Number None

4. Sex: Male
5. Color or race: White
6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6.(b) Name of ~~husband or~~ wife: Lavinia Bidie Hann
6.(c) If alive, give age: 68 years
7. Birth date of deceased (mo., day, yr.): Nov. 11th 1868
8. AGE: Years: 71 | Months: 11 | Days: 3 | If less than one day: hrs. min.
9. Birthplace: Carroll Co. Md (Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business:

FATHER
12. Name: Samuel Hann
13. Birthplace: Carroll Co. Md.

MOTHER
14. Maiden name: Josephine Matt
15. Birthplace: Carroll Co. Md

16. Informant: Chas E. Hann
Address: Charlestown W. Va.

17. ~~Burial~~, cremation, or removal. Which? Burial
Date thereof: Oct. 17-1940 (month) (day) (year)
Cemetery ~~or crematory~~: Mt. Olivet
Location: Frederick Md.

18. Funeral director: C. E. Eline & Son
Address: Frederick Md.

19. 17-Oct 1940 (Date rec'd by registrar)
Dora J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 15-16 1940 at 6.45 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 1937 to Oct 15-16 1940
and that I last saw him alive on Oct 15-16 1940

	DURATION
Immediate cause of death: Embolism	5 hours
Due to: Myocarditis	20 years
Due to: Arthritis deformans	12 years
Other conditions: Senile Psychosis	

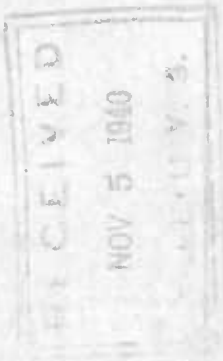
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank H. Hedges M. D. or other
Address: Frederick Date signed: Oct 17 1940

Dr. T. H. Hughes



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

10600

Reg. Dist. No. 140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Woodsboro. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Frederick

City or town Rural. Near Woodsboro Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME D. HENRY HAVENER.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Edith B. Keiholtz Havener

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) June 5th. 1852

8. AGE:

Years	Months	Days	If less than one day
58	4	2	hrs. min.

9. Birthplace Woodsboro. Frdk Co. Md (Town, county, and state)

10. Usual occupation Truck Operator

11. Industry or business

FATHER 12. Name David H. Havener.

13. Birthplace Ladiesburg . MD

MOTHER 14. Maiden name Mary Ann Fox

15. Birthplace Woodsboro. MD

16. Informant Mrs D. Henry Havener

Address Woodsboro. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 8th. 40 (month) (day) (year)

Cemetery or crematory Cemetery. (Mt. Tablor)

Location Rocky Ridge MD

18. Funeral director M. L. Creager & Son.

Address Thurmont. MD

19. Oct. 6. 1940. (Date rec'd by registrar) L C Rowell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1938, to Oct 5 1940, and that I last saw him alive on Oct 5 1940.

Immediate cause of death Coronary Thrombosis

Due to Cardio Vascular Renal Disease, Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C Elwood Day M. D. or other

Address Wolfsville, Md Date signed Oct 6, 40

RECEIVED
OCT 18 1940
BUREAU V. S.

Birth Aug 12

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 119-a

10601

CERTIFICATE OF DEATH

Reg. Dist. No. 1 41

1. PLACE OF DEATH:

County: Frederick

City or town: Brunswick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 2 mo 3 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME: Everitt Charles Hoffman Jr

3. (b) Social Security Number: —

4. Sex: male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife: —

~~Aug 13~~ 6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): Aug 13 1940

8. AGE: Years: — Months: 2 Days: 3 If less than one day _____ hrs. _____ min.

9. Birthplace: Brunswick Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Everitt C Hoffman
13. Birthplace: Md

MOTHER
14. Maiden name: Blanche V Thomas
15. Birthplace: Md

16. Informant: Everitt C Hoffman
Address: Brunswick Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct 17 40
(month) (day) (year)

Cemetery or crematory: Park Heights

Location: Brunswick Md

18. Funeral director: C H Gretz & Son

Address: Brunswick Md

19. Oct 17 1940 (Date rec'd by registrar) Mrs H. S. Hodges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 16 1940, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 16 1940, to Oct 16 1940, and that I last saw him alive on Oct 16 1940.

Immediate cause of death: Convulsion; due to Gastro-enteritis. cf. G.R.

Due to: Lived only a few minutes after being

Due to: to Office

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: Levin West
M. D. or other

Address: Brunswick Date signed: Oct 17

VS A15 (T) (I) (C) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

10602

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County: Frederick

City or town: Rural (Plane No. 4)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Rural - near Braddock, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 5 miles W. of Frederick
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: John Edgar Horner, Jr.

3. (b) Social Security Number: 214-10-4475

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Dorothy Rothenhoefer Horner

6.(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): Oct. 15-1915

8. AGE:

Years	Months	Days	If less than one day
24	11	22	— hrs. — min.

9. Birthplace: Martinsburg - W. Virginia
(Town, county, and state)

10. Usual occupation: Truck Driver

11. Industry or business: Oil industry

FATHER
12. Name: John Edgar Horner
13. Birthplace: W. Virginia

MOTHER
14. Maiden name: Mable Files
15. Birthplace: W. Va.

16. Informant: Mrs. Dorothy R. Horner

Address: Braddock, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10-8-40 (month) (day) (year)

Cemetery or crematory: Mt. Olivet Cemetery

Location: Frederick, Md.

18. Funeral director: C. E. Cline and Son

Address: Frederick, Md.

19. Oct. 8 1940 (Date rec'd by registrar) L. K. Falconer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 7 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ..... 19..... to ..... 19.....

and that I last saw him ~~alive~~ dead on Oct 7 1940

Immediate cause of death: First & second degree burns of entire body

Due to: Wreck of gasoline truck

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: ½ hour

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: accident Date of Oct 7 40

Where did injury occur? Route #40 - Plane #4
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Route #40

Means of injury: Gasoline fire Injured at work? yes

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

23. SIGNATURE: R. W. Baer M. D. or other

Address: Prof Bldg Date signed: Oct 8, 40

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

10603

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick

City or town Rural near Woodsboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

City or town Rural Mt. Woodsboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Ella Elizabeth Jackson

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Hanson W. Jackson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 16 - 1868

8. AGE: Years 71 | Months 11 | Days 6 | If less than one day ..... hrs. ..... min.

9. Birthplace: Woodsboro - Fredk. Co. Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Jesse Rosen
13. Birthplace: Woodsboro. Md

MOTHER
14. Maiden name: Maria (not known)
15. Birthplace: not known

16. Informant: Clyde Jackson

Address: Woodsboro Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 28-40 (month) (day) (year)

Cemetery or crematory: Cemetery (Mt Hope)

Location: Woodsboro Md

18. Funeral director: M. L. Creagan Son

Address: Thurmont Md

19. Oct 28 1940 (Date rec'd by registrar) L C Powell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1940, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 1940, to Oct 26 1940 and that I last saw her alive on Oct 26 40 1940

Immediate Cause of death: Hypertensive Cardio Vascular Renal disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. E. Easterday M.D.
M.D. or other

Address Walkersville, Md Date signed Oct 26, 40

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CEIVED
NOV 5 1940
U. S.

10604

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1152)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 75 years

Hospital, institution, or street address where death occurred:
Frederick City Hospital

How long in hospital or institution? ~~2 hours~~ 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 20 East South Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME John Henry Keefer

3. (b) Social Security Number 213-16-0199

4. Sex: Male

5. Color or race: White

6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6.(b) Name of ~~husband~~ or wife Mrs. Hada Cooley Keefer

6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) November 30, 1864

8. AGE: Years 75 Months 10 Days 2 If less than one day ..... hrs. ..... min.

9. Birthplace Frederick, Frederick Co., Maryland
(Town, county, and state)

10. Usual occupation Carpenter (retired)

11. Industry or business Lumber Mill

FATHER
12. Name George W. Keefer
13. Birthplace Frederick, Maryland

MOTHER
14. Maiden name Mary Elizabeth Himbury
15. Birthplace Frederick, Maryland

16. Informant Mrs. John H. Keefer
Address Frederick, Maryland

17. Burial
(Burial, ~~cremation or removal. Which?~~)
Date thereof Oct. 5, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline and Son
Address Frederick, Maryland

19. 4-Oct 1940 (Date rec'd by registrar) Ira J. McGurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1940, at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 2 1940 and that I last saw him alive on Oct 2 1940

Immediate cause of death Agranulo cytopenia — DURATION 3 Dos

Due to Pneumococcic sore

Due to Throat Type XVI — 3 Dos

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE H. S. Hughes M. D. or other 10/3/40

Address Frederick Date signed Md

VS A15 (T) (1) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-C) Reg. Dist. No. 13

CERTIFICATE OF DEATH

10605

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City~~ or town Jefferson, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 50 Yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City~~ or town Jefferson, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Newton Wesley Keller

3 (b) If veteran, name war NONE

3 (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband~~ or wife Flora Rice Keller

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) December 11, 1873

8. AGE: Years 66 | Months 10 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Myersville, Md.
(Town, county, and state)

10. Usual occupation Threshing Machine Operator

11. Industry or business

FATHER
12. Name Thomas C. Keller
13. Birthplace Myersville, Md.

MOTHER
14. Maiden Name Deliah Cline
15. Birthplace Myersville, Md.

16 (a) Informant Mrs Belva M. Ayers
(b) Address Jefferson, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/29/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Jefferson Ref. Cem.
Location Jefferson, Md.

18 (a) Funeral director M.R.Etchison & Son.
(b) Address Frederick, Md.

19 (a) 29-Oct-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death October 27 19 40 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 19 40 to Oct 27 19 40 and that I last saw him alive on Oct 27 19 40

Immediate cause of death	Duration
Due to Cerebral Hemmlage	2 days
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature E P Thomas M. D. or other
Address Frederick Date signed Oct 27 40

RECEIVED
NOV 5 1940
BUREAU OF S.

10606

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:

County: Frederick

City or town: Rural Near Knoxville Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Fred.

City or town: Rural Near Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: along the Potomac River
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: William Franklin Keller 719-16-3146

3. (b) Social Security Number: 220-09-7593

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Irene Thompson

6(c) If alive, give age: 24 years

7. Birth date of deceased (mo., day, yr.): Feb. 17, 1914

8. AGE: Years 26 | Months 7 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: B & O. R.R. Laborer

11. Industry or business

FATHER
12. Name: Robert F. Keller
13. Birthplace: Md

MOTHER
14. Maiden name: Maude Forrest
15. Birthplace: Md.

16. Informant: Mrs Irene Keller
Address: Brunswick Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct 9 1940 (month) (day) (year)

Cemetery or crematory: Park Heights

Location: Brunswick Md

18. Funeral director: C H Fritz & Bro

Address: Brunswick Md

19. Oct 7 1940 (Date rec'd by registrar) Mrs H S Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 6 1940, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~___ to ___~~ 19___,

and that I last saw him ~~alive~~ dead on Oct 6 1940.

Immediate cause of death: Fracture of skull

Due to: automobile accident

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: Immediate

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 10.6.40

Where did injury occur? Frederick (City or town) & (County) Md. (State)

Injured at home, farm, industry, public place (where): Smith's Ville Road

Means of injury: automobile Injured at work? no.

23. SIGNATURE: R. W. Bau. Deputy Med. Examiner
M.D. or other

Address: Frederick, Md. Date signed: 10, 7 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 22 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10607

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 2Mos 14 Days

Stay in this community (yrs., or mos., or days): 2Mos 14 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: St Mary's Co

City or town: St Inigoes, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dr Joseph Oster King.

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henrietta F King.

6 (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): May 31 1873

8. AGE: Years: 67 Months: 5 Days: 0 If less than one day: hrs. min.

9. Birthplace: St Inigoes, StMary's Co. Md.
(Town, county, and state)

10. Usual occupation: Medical-Doctor

11. Industry or business

FATHER
12. Name: James C King.
13. Birthplace: St Mary's Co Md.

MOTHER
14. Maiden name: Mary Florence Oster
15. Birthplace: Washington Co Md,

16. Informant: Dr Joseph Oster King
Address: St Inigoes StMary's Co Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 3 1940 (month) (day) (year)

Cemetery or crematory: St. Johns Cemetery

Location: ~~Leonardtown, Md.~~ Hollywood Md

18. Funeral director: E.L.Robinson
Address: Leonardtown, Md.

19. 10/31/40 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 31 1940 2.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 17 1940, to Oct 31 1940, and that I last saw him alive on Oct 31 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 5Mos

Due to: Tubercle Bacilli

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: [signature], M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 10/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 4 1940
BUREAU V. M.

VS A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

10608

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 months
Hospital, institution, or street address where death occurred: 1023 N. Market St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1023 N. Market Street
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: O'Dale King

3.(b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6.(b) Name of ~~husband or~~ wife: Estella Gertrude King
6.(c) If alive, give age: 64 years
7. Birth date of deceased (mo., day, yr.): August 12-1872

8. AGE: Years: 68 Months: 2 Days: 13 If less than one day: — hrs. — min.

9. Birthplace: Wood Co. - W. Virginia (Town, county, and state)
10. Usual occupation: Retired Minister
11. Industry or business:

FATHER
12. Name: Charles King
13. Birthplace: Wood Co. - W. Virginia

MOTHER
14. Maiden name: Adeline Richardson
15. Birthplace: Wood Co. W. Virginia

16. Informant: Mrs. O'Dale King
Address: Frederick - Maryland

17. Cremation (~~Burial~~, cremation, ~~or removal~~. Which?) Date thereof: 10-28-40 (month) (day) (year)
~~Cemetery or~~ crematory: Wm. Lee and Son
Location: Washington D.C.

18. Funeral director: C. E. Cline and Son
Address: Frederick, Maryland

19. 26 - Oct 1940 (Date rec'd by registrar) Ira J. McGurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 25th 1940, at 4:25 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to Oct 25th 1940 and that I last saw him alive on October 24th 1940

Immediate cause of death: Paralysis of Diaphragm — DURATION: 24 hours
Due to: Degeneration of Spinal Cord Assandry — One year
Due to: Paralysis — 5 years
Other conditions: Arthritis Schmitz
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank H. Hegn M. D. or other
Address: Frederick Date signed: Oct 25 1940

Mr. F. H. Hedges

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[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

10609

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Thurmont.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ~~5 minutes~~

Hospital, Institution, or street address where death occurred:

Office of Dr James K. Gray

How long in hospital or institution? 5 Minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Frederick

City or town: Rural. Near Creagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: John Martin Kinna

3.(b) Social Security Number: 217-01-7198

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6.(b) Name of husband or wife: EDNA WILLIARD ✓

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 1st. 1888

8. AGE:

Years	Months	Days	If less than one day
52	8	2	..... hrs. ..... min.

9. Birthplace: Thurmont. Frdk Co. MD (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER — 12. Name: Thomas Kinna

13. Birthplace: Thurmont. MD

MOTHER — 14. Maiden name: Lauretta Gaver

15. Birthplace: Not Known.

18. Informant: Ella M. Lewis

Address: Thurmont Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 6th. 40 (month) (day) (year)

Cemetery

Cemetery or crematory

Location: Creagerstown.

18. Funeral director: M. L. Creager & Son.

Address: Thurmont. MD.

19. Oct. 5- 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 3 19 40, at 1 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 3- 19 40, to Oct. 3 19 40

and that I last saw him alive on Oct. 3- 19 40

Immediate cause of death	DURATION
Coronary Thrombosis	1/2 hr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James K Gray M.D. (M. D. or other)

Address: Thurmont Md. Date signed Oct. 4-1940

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

10610

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Schnauffer Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days) 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Charles William Langley

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widower

6 (b) Name of husband or wife Minnie Miller

6(c) If alive, give age years

7. Birth data of deceased (mo., day, yr.) Dec 5th 1869

8. AGE: Years	Months	Days	If less than one day
70	10	21	hrs. min.

9. Birthplace Va
(Town, county, and state)

10. Usual occupation Engineer (Retired)

11. Industry or business B & O R R

FATHER 12. Name Philip Langley

13. Birthplace Va

MOTHER 14. Maiden name Margaret E Clark

15. Birthplace Va

16. Informant Emma B Reynolds

Address Washington D C

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 27/40 (month) (day) (year)

Cemetery or crematory Mt Hebron

Location Winchester Va

18. Funeral director C W Fritz & Son

Address Brunswick Md

19. Oct 24 1940 (Date rec'd by registrar) Mrs H L Hodgson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1940, at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 21 1940, to Oct 25 1940, and that I last saw him alive on Oct 25 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 days
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Shaffer M. D. or other

Address Brunswick Md Date signed

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NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

10611

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
~~City or~~ town Jefferson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 75 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City~~ or town Jefferson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Bertha Ellen Lakin

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
female	white	widow

6 (b) Name of husband or ~~wife~~ John S. Lakin
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1865

8. AGE: Years	Months	Days	If less than one day
75	1	7	hrs. min.

9. Birthplace Jefferson, Frederick, Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business At home

FATHER
12. Name Cornelius C. Cochran
13. Birthplace Broadrun, Md.

MOTHER
14. Maiden name Margaret C. Heck,
15. Birthplace Boonsboro, Md.

16. Informant Miss. Annie M. Cochran, Jefferson, Md.
Address

17. Burial Date thereof 10 / 26 / 40
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)
Cemetery or ~~crematory~~ Jefferson Reformed Cemetery
Location Jefferson, Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. 25-Oct 1940 Dra J. McSurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1940, at 1P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1940, to Oct 24 1940, and that I last saw h alive on Sept 29 1940.

	DURATION
Immediate cause of death Coronary Occlusion	5 mi
Due to Arteriosclerosis	(b) 20 yr
Due to	
Other conditions Cerebral hemorrhage	9 yrs
Malnutrition	3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Leonard Price M. D. or other
Address Jefferson Md Date signed 10/4/41

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NOV 5 1940
MAIL V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10612

1. PLACE OF DEATH (837)

County Frederick Registration Dist. No. 1644

Village or City Thurmont No. W. Main St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel B. Leatherman, If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marshall Leatherman

6. DATE OF BIRTH (month, day, end year) Feb 20 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Homemaker

10. Date deceased last worked at this occupation (month and year) Oct. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmitsburg, Md

FATHER

13. NAME William H. Ashbaugh

14. BIRTHPLACE (city or town) (State or country) Johnsville, Md

MOTHER

15. MAIDEN NAME Martha J. Dyer

16. BIRTHPLACE (city or town) (State or country) Mt Jackson Va.

17. INFORMANT Charles B. Ashbaugh, (Address) Emmitsburg

18. BURIAL, CREMATION, OR REMOVAL Place U. B. Cemetery Thurmont Date Oct. 30, 1940

19. UNDERTAKER Hillside & Creager (Address) Thurmont

20. FILED October 29 1940 Anna M. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1940, to Oct. 28, 1940

I last saw her alive on Oct. 27, 1940; death is said to have occurred on the date stated above, at 1:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1 week Oct. 21-1940
Other Contributory Causes of importance: Cerebral Arteriosclerosis	June 1940

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James A. Gray M. D.

(Address) Thurmont, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 2 1940

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17c)

CERTIFICATE OF DEATH

10613

Reg. Dist. No. 13 1

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ~~5 yrs~~ xx Life
Hospital, institution, or street address where death occurred:
324 N. Bentz St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 324 N. Bentz St.,
(If rural, give LOCATION)
2.(a) If veteran, name war World war

3.(a) FULL NAME Benjamin Harrison Lowe.

3.(b) Social Security Number 214-10-4525

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6.(b) Name of ~~husband~~ or wife Abbie B. Jarmon
6.(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1888

8. AGE: Years	Months	Days	If less than one day
51	9	17	...hrs. ...min.

9. Birthplace Frederick, Fred., Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Brick Works
FATHER 12. Name James Lowe,
13. Birthplace Frederick, Md.
MOTHER 14. Maiden name Susan Fringer,
15. Birthplace Taneytown, Md.
16. Informant Mrs. B. H. Lowe.,
Address Frederick, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 10 / 15 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Mount Olivet Cem.,
Location Frederick, Md.
18. Funeral director M. R. Etchison & Son.
Address Frederick, Md.
19. 14 Oct 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1940, at 8 A.M.
21. ~~I CERTIFY that death occurred on the date above stated;~~ that I attended deceased from ... 19... to ... 19...
and that I last saw h.. alive on dead Oct 13 1940

Immediate cause of death	DURATION
Acute Alcoholism	1 wk.,
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...
Autopsy results ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE R. W. Baer DR. R. W. BAER DEPUTY MEDICAL EXAMINER M. D. or other
Address Frederick, Md Date signed 10/13/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 25 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-M)

CERTIFICATE OF DEATH

10614

Reg. Dist. No. 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:
County Frederick
City or town Frederick Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) Day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 246 S. Carroll St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Baby ~~Deanna~~ May, Deanna Lorraine

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 4, 1940

8. AGE: Years 5 wks. | Months 1 | Days 8 | If less than one day ____ hrs. ____ min.

9. Birthplace Frederick, Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Mr. Charles May

13. Birthplace Frederick, Md

MOTHER 14. Maiden name Mabel Lorraine Barns

15. Birthplace Frederick, Md

16. Informant Charles May

Address Frederick, Md

17. Burial (Burial, cremation, or removal) Date thereof Oct 14, 1940 (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Frederick

18. Funeral director Harry E. Canby Co.

Address Frederick, Md.

19. 14 Oct 1940 (Date rec'd by registrar) Dora L. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 8 1940 to Oct 12 1940, and that I last saw h-- alive on Oct 12 1940.

Immediate cause of death Congenital laryngeal stridor — DURATION Since birth

Due to — DURATION —

Due to — DURATION —

Other conditions — DURATION —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE R. W. Bon M. D. or other

Address Frederick, Md Date signed 10.14.40

RECEIVED
NOV 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10615

Reg. Diat. No. 135

1. PLACE OF DEATH:

County Frederick

City or town Smithsburg Rural (Garfield)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Frederick

City or town Smithsburg Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Julia Ann Mellott

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife John Mellott

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 8, 1860

8. AGE: Years	Months	Days	If less than one day
80	6	9	..... hrs. ..... min.

9. Birthplace Smithsburg Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Lewis

13. Birthplace Smithsburg, Md.

MOTHER 14. Maiden name Elizabeth Unknown

15. Birthplace ~~Unknown~~ Elizabeth Messinger

16. Informant Albert Mellott

Address Smithsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 19. 1940 (month) (day) (year)

Cemetery or crematory Bethel Cem.

Location Garfield

18. Funeral director Gladhill Bo.

Address Middletown, Md.

19. Oct. 19 1940 (Date rec'd by registrar) Charles L. Leatherman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 1940, to Oct 15 1940 and that I last saw h.. alive on Oct 15 1940

Immediate cause of death	DURATION
Pneumonia	2 days
Due to Chronic Myocarditis	15 yrs
Due to Mitral Stenosis	20 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. G. Gladhill M. D. or other

Address Smithsburg Date signed 10/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1940
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

10616

Reg. Dist. No. 132

1. PLACE OF DEATH:

County: Frederick

City or town: Braddock Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 103 East Second Street

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Ida Marea Markey

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: J. Hanshew Markey

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 24, 1853

8. AGE: Years	Months	Days	If less than one day
87	0	17	hrs. min.

9. Birthplace: Merryland Tract, Frederick Co., Md. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER

12. Name: Ezra Willard

13. Birthplace: Burkittsville, Maryland

MOTHER

14. Maiden name: Laura Biser

15. Birthplace: Burkittsville, Maryland

16. Informant: Mrs. A. B. Fisher

Address: Braddock Hgts Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 13 1940 (month) (day) (year)

Cemetery or crematory: Mt Olivet

Location: Frederick Md.

18. Funeral director: C. E. Cline & Son

Address: Frederick, Maryland

19. Oct 12, 1940 (Date rec'd by registrar) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 11 1940, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1940 to Oct. 11 1940 and that I last saw her alive on Oct. 11 1940

	DURATION
Immediate cause of death: Acute dilatation heart	Immediate
Due to: Chronic myocarditis	10 years
Due to: x	
Other conditions: x	

(Include pregnancy within 3 months of death)

Major findings of operations: x

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. M. Smith M D

M. D. or other

Address: Frederick Md Date signed: Oct. 12-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. H. M. Smith

10617

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-D)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City ~~or town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 32 years
Hospital, institution, or street address where death occurred: 102 McMurry Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City or town~~: 102 McMurray St.
(If outside city or town limits, write RURAL and give nearest town)
~~Street No.~~: Frederick, Md.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3. (a) FULL NAME: William Edward Miller
3. (b) Social Security Number: None

4. Sex: M
5. Color or race: W
6.(a) ~~Single~~, married, ~~widowed, or divorced~~: married
6.(b) Name of ~~husband~~ or wife: Grace Reich Miller
6.(c) If alive, give age: 58 years
7. Birth date of deceased (mo., day, yr.): Jan. 6 - 1877

8. AGE: Years 63 | Months 9 | Days 6 | If less than one day — hrs. — min.

9. Birthplace: Baltimore - Maryland
(Town, county, and state)
10. Usual occupation: Policeman
11. Industry or business:

FATHER
12. Name: Michael Miller
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Virginia Hartman
15. Birthplace: Baltimore, Maryland

16. Informant: Mrs. Wm. E. Miller
Address: 102 McMurray St. Fred. R. Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: 10-14-40 (month) (day) (year)
Cemetery or ~~crematory~~: Mt. Olivet
Location: Frederick, Maryland

18. Funeral director: C. E. Cline and Son
Address: Frederick, Md.

19. 14 - Oct 1940 (Date rec'd by registrar) Ira J. McGurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 12, 1940, at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5, 1940, to Oct. 12, 1940 and that I last saw him alive on October 11, 1940

Immediate cause of death: Carcinoma of left lung (Primary)

Due to:

Due to:

Other conditions: Removal of entire left lung 9,13,1940.
(Include pregnancy within 3 months of death)

DURATION: Aug. 5 to Oct. 12 1940

Major findings of operations: Carcinoma of left lung
Date of op. 9-13-40

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. H. Conley M. D. or other
Address: Fred Md. Date signed: 10/14/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

10618

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 years

Hospital, Institution, or street address where death occurred: 10 Center Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 10 Center Street
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Arba Albert Moser

3.(b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6.(b) Name of ~~husband~~ or wife: Katie Schildknecht Moser

6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): August 3, 1871

8. AGE: Years 69 Months 2 Days 7 If less than one day ..... hrs. ..... min.

9. Birthplace: (near) Middletown, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation: Shoe Clerk (retired)

11. Industry or business: Retail

FATHER
12. Name: John Moser
13. Birthplace: near Middletown, Maryland

MOTHER
14. Maiden name: Mary Baltzell
15. Birthplace: Thurmont, Maryland

16. Informant: Mrs. Arba Albert Moser
Address: Frederick, Maryland

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: Oct. 13, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: United Brethren Cemetery

Location: Myersville, Maryland

18. Funeral director: C. E. Cline & Son
Address: Frederick, Maryland

19. 12-Oct 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-10- 1940, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-4 1940, to 10-10- 1940 and that I last saw him alive on 10-10- 1940

Immediate cause of death: Cardiac — DURATION: a few yrs

Due to: Cardiac Valvular Lesion

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: U. G. Bourne, M.D. (M. D. or other)

Address: Frederick Md Date signed: 10/12/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
[illegible] V. [illegible]

D. Barrow, Sr.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10619

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0
Hospital, institution, or street address where death occurred: Emergency Hospital
How long in hospital or institution? 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 525 Klineharl Alley
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME Baby Boy Naylor

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single

6.(b) Name of husband or wife —
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 5 1940

8. AGE: Years — Months — Days — If less than one day: hrs. 5 min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation New Born.

11. Industry or business

FATHER
12. Name Thomas Edward Naylor
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden name Nettie Pauline Conrad
15. Birthplace Frederick Co. Md.

16. Informant Miss Adelsberger Emergency
Address Hospital Frederick Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct - 7 - 1940 (month) (day) (year)
Cemetery or crematory Mountain View Cem.
Location near Frederick Md

18. Funeral director G. Cleveland Trout. Supt.
Address Mountain View - Frederick Co. Md.

19. 7 Oct 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1940, at 5 15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 5 1940 to Oct 5 1940 and that I last saw him alive on Oct 5 1940

Immediate cause of death	DURATION
Stillborn (6 mos fetus)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE B O Thomas M. D. or other
Address Frederick Md Date signed 10-6-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (27-a)

CERTIFICATE OF DEATH

10620

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or ~~Town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 7 days
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~Town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 725 Motter Ave.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Edward Harris Pierce, Jr.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
male	white	single

B (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 14, 1938

8. AGE: Years	Months	Days	If less than one day
2	3	27	____ hrs. ____ min.

9. Birthplace Baltimore, Balto, Md.
(Town, county, and state)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Edward Harris Pierce, Sr.,
13. Birthplace Berryville, Va.

MOTHER
14. Maiden name Evelyn Webster,
15. Birthplace Nr. Braddock, Md.

16. Informant Mr. Edward H. Pierce, Sr.,
Address 725 Motter Ave., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 10 / 13 / 40 (month) (day) (year)
Cemetery or ~~Crematory~~ Mount Olivet Cemetery
Location Frederick, Maryland.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. 12-Oct 1940 (Date rec'd by registrar) Ira J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11th., 1940, at 12P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 5 1940, to Oct 11 1940, and that I last saw him alive on Oct 11 1940.

Immediate cause of death Dysentery (Bacillary) — DURATION 2 wks.

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE P. W. Barr M. D. or other
Address Frederick, Md. Date signed 10/11/4

RECEIVED
NOV 5 1940
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (952)

CERTIFICATE OF DEATH

10621

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: rural nr. Jefferson, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Martland County: Frederick
City or town: rural nr. Jefferson, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Jefferson, Md. R.D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Mrs. Cora Virginia Poffinberger

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife: Charles E. S. Poffinberger
6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Oct. 15, 1872

8. AGE: Years	Months	Days	If less than one day
67	11	25	hrs. min.

9. Birthplace: nr. Jefferson, Fred., Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at home

FATHER
12. Name: John H. Himes,
13. Birthplace: Nr. Jefferson, Md.

MOTHER
14. Maiden name: Sarah C. Stine,
15. Birthplace: Nr. Jefferson, Md.

16. Informant: Mr. Chas. E. S. Poffinberger,
Address: Jefferson, Md. R. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 / 13 / 40 (month) (day) (year)
Cemetery or crematory: St. Pauls Lutheran Cemetery,
Location: Jefferson, Md.

18. Funeral director: M. R. Etchison & Son,
Address: Frederick, Maryland

19. 12-Oct 1940 (Date rec'd by registrar) Dra J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Octpber 10th., 1940, at 4.45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1933, to Oct 10 1940, and that I last saw her alive on Oct 10 1940.

	DURATION
Immediate cause of death: Broncho pneumonia & Cardiac decompensation	2 Days
Due to: Senual debility	4 yrs
Due to: Cerebral Thrombosis	5 yrs
Other conditions: Cystitis	3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. Leonard Brice M. D. or other
Address: Jefferson Md Date signed: 10/14/40

RECEIVED
NOV 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10622

1. PLACE OF DEATH (56d)

County Frederick Registration Dist. No. 136

Village ~~or City~~ Near - Jamesville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME America Virginia Reich If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 2 - 3 - 1888

7. AGE Years 52 Months 8 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher in Public Schools

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Teaching

10. Date deceased last worked at this occupation (month and year) Nov - 1935

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) Near - Frederick Md (State or country)

FATHER

13. NAME John Hoffman Reich

14. BIRTHPLACE (city or town) Frederick Co. Md (State or country)

MOTHER

15. MAIDEN NAME Ellen Campbell Belt

16. BIRTHPLACE (city or town) Frederick Co. Md (State or country)

17. INFORMANT Mrs Garnett C. Ball (Address) Jamesville Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ St. Pauls Cemetery Place Pt. of Rocks, Md. Date Oct. 19, 1940

19. UNDERTAKER Harry E. Carty Co (Address) Frederick, Md.

20. FILED Oct 17, 1940 G. O. Hendrickson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10 - 17 - 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1 - 1935, to Oct - 17 - 1940

I last saw her alive on 10 - 16 - 1940; death is said to have occurred on the date stated above, at 8.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tumor of the brain	
Telangiectatic Angioma (non malignant)	1935

Other Contributory Causes of importance:

Epileptic convulsions	
progressive paralysis	June
inanition	1938

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George H. Riggs M. D.

(Address) Jamesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

10623

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
County: Frederick
City or town: Rural-Middletown-Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs.
Hospital, Institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Rural (Middletown)
(If outside city or town limits, write RURAL and give nearest town)
Street No. — 5 miles West
(If rural, give LOCATION) of Frederick
2.(a) If veteran, name war: none

3.(a) FULL NAME: Lewis S. Rickard

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Widowed

6.(b) Name of husband or wife: —
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): april 28-1871

8. AGE: Years	Months	Days	If less than one day
69	5	28	— hrs. — min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)
10. Usual occupation: laborer
11. Industry or business:
FATHER 12. Name: Silas Rickard
13. Birthplace: Braddock-Frederick Co. Md.
MOTHER 14. Maiden name: Mary Hart
15. Birthplace: Frederick Co. Md.
16. Informant: Mrs. Alma R. Staley
Address: Frederick, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 29-40 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: C. E. Cline and Son
Address: Frederick, Maryland
19. Oct. 27 19 40 (Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 26 19 40 at 5.45 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 — to — 19 —
and that I last saw h— alive on — 19 —

Immediate cause of death	DURATION
Fracture of skull	Immediate
Due to: Auto accident	
Due to: —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 10.26.40
Where did injury occur? Middletown (City or town) U.S. Route 40 (County) (State)
Injured at home, farm, industry, public place (where?): Route 40
Means of injury: Auto Injured at work? No

23. SIGNATURE: R. W. Barnes, Med. Ex. County Deputy M. D. or other
Address: Frederick Md. Date signed: 10.29.40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1940
[illegible] V. S.

Mr. Conley Jr.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-F)

CERTIFICATE OF DEATH

10624

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Fredrick
City or town: Rural, near Emmiysburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 54 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Fredrick
City or town: Rural, near Emmitsburg Ward No. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Fredrick Co, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: William S. Shields

3. (b) Social Security Number: none

4. Sex: m
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Annie Shorb
6(c) If alive, give age: 51 years
7. Birth date of deceased (mo., day, yr.): July 9, 1886
8. AGE: Years: 54 Months: 4 Days: 6 If less than one day: ____ hrs. ____ min.
9. Birthplace: Fredrick Co, Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: William Shields
13. Birthplace: Adams Co, Pa.
MOTHER 14. Maiden name: Sallie Shindledecker
15. Birthplace: Fredrick Co, Md.
16. Informant: Bernard R. Shields
Address: Emmitsburg Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 18, 1940 (month) (day) (year)
Cemetery or crematory: Mt, St Marys
Location: Fredrick Co, Md. nr Emmitsburg
18. Funeral director: D. L. Allison
Address: Emmitsburg, Md.
19. Oct 16 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 15" 1940, at 7'5 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2" 1940 to Oct 15" 1940, and that I last saw h- alive on Oct 14" 1940.

	DURATION
Immediate cause of death: Cardiac Embolism	2 hr.
Due to: Cancer Liver	1 year
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Morris A. Bixler M.D. M. D. or other
Address: Thurmont Md Date signed 10/16/40

RECEIVED
NOV 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-D)

CERTIFICATE OF DEATH

10625

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 16 N. Church Street
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: Stella Shope

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January-17-1874

8. AGE: Years 66 | Months 9 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace: Frederick County, Md.
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: Home

FATHER
12. Name: Charles B. Shope
13. Birthplace: Frederick, Maryland

MOTHER
14. Maiden name: Catherine Salter
15. Birthplace: Frederick, Maryland

16. Informant: Miss Fannie Pagan
Address: Frederick, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Oct-28-1940 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet
Location: Frederick, Maryland

18. Funeral director: C. E. Cline and Son
Address: Frederick, Maryland

19. 26-Oct 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 24 1940 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1940 to Oct. 24 1940 and that I last saw her alive on Oct. 23 1940

Immediate cause of death: Coronary Occlusion — DURATION: Immediate

Due to: Chronic myocarditis — 2 years

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Wm. M. Smith M. D. (M. D. or other)
Address: Frederick, Md. Date signed: Oct-25-40

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING (M) (1)

RECEIVED
NOV 5 1940
BUREAU V. S.

Ann. Dr. Smith

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

10626

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick County.

City or town Rural near St. Anthony.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Frederick.

City or town Rural near St. Anthony.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3.(a) FULL NAME Frances B. Shorb.

3.(b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single;

6.(b) Name of husband or wife

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1876

8. AGE: Years 74 Months 0 Days 14 If less than one day hrs. min.

9. Birthplace Nr Emmitsburg Md
(Town, county, and state)

10. Usual occupation Housew'fe

11. Industry or business At Home

FATHER
12. Name Joseph F. Shorb
13. Birthplace Rural near St. Anyhony.

MOTHER
14. Maiden name Lowise Welsh.
15. Birthplace Rural near St. Anthony.

16. Informant William Shorb.
Address Emmitsburg Md Rural near St. Anthony.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 14, 1940 (month) (day) (year)

Cemetery or crematory Cemetery.

Location St. Anthony. Nr Emmitsburg Md

18. Funeral director M. L. Creager. & Son.

Address Thurmont, Md.

19. Oct 13 = 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1940, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 to 19

and that I last saw her alive on Oct 12 1940

Immediate cause of death: Coronary occlusion — DURATION: Immediate

Due to arteriosclerosis — 5 years

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R W Baer DR. R. W. BAER DEPUTY MEDICAL EXAMINER M. D. or other

Address Frederick, Md. Date signed Oct 12 60

VS A15 (T) (1) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 4 1940
U. S. DEPT. OF AGRI.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

163-74

10627

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 211 Washington St.,
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 211 Washington St.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Mary Catherine Simpson

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
female	white	widow

6 (b) Name of husband or ~~wife~~ Charles E. Simpson
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 14, 1866

8. AGE: Years	Months	Days	If less than one day
74	3	15	____ hrs. ____ min.

9. Birthplace Nr. Urbana, Frederick, Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business At home

FATHER
12. Name William Hane,
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden name Mary E. Brashears,
15. Birthplace Frederick, Co., Md.

16. Informant Mrs. H. S. Schroeder,
Address 211 Wash. St., Frederick, Md.

17. Burial (Burial, ~~cremation or removal~~. Which?) Date thereof Nov. 1, 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Pine Grove Cemetery
Location Mt. Airy, Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. Nov 1 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29th., 1940, at 10P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~alive~~ from ____ 19__ to ____ 19__, and that I last saw her ~~alive~~ dead on Oct 29 1940.

Immediate cause of death	DURATION
asphyxiation	1 hr.
Due to Illuminating gas	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of Oct 29 1940
Where did injury occur? Frederick, Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Illuminating gas Injured at work?

23. SIGNATURE P. W. Baer R. W. BAER
COUNTY MEDICAL EXAMINER
Frederick, Md. M. D. or other
Address Date signed

RECEIVED
NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

49A

10628

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick County

City or town Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 332 West College Terrace

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 21 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 332 W College Terrace

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Skudowitz, Mrs Henry (Dorothy)

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry Skudowitz

6(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Jan. 8 1898

8. AGE: Years	Months	Days	If less than one day
42	9	7	____hrs. ____min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business Housewife

FATHER 12. Name Abraham Hamburger

13. Birthplace Russia

MOTHER 14. Maiden name Rebecca Lester

15. Birthplace Russia

16. Informant Henry Skudowitz residence Md.

Address 332 West College Terrace Md.

17. Burial (Burial, cremation, or removal) Date thereof 10/16/40 (month) (day) (year)

Cemetery or crematory Rose Dale Md.

Location Baltimore Md.

18. Funeral director Sol J. Levinson Bro

Address 1124 W North Ave Balto. Md.

19. 15-Oct 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1940 to Oct. 15 1940, and that I last saw her alive on Oct. 15 1940.

	DURATION
Immediate cause of death Carcinoma of the Ovary	6 mo.
Due to	
Due to	
Other conditions Metastases to Pleura and Peritoneum (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of Ovary with Metastases	
Of autopsy	

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Austin Pearre M.D.

M. D. or other

Address Frederick Md Date signed 10/17/40

RECEIVED
NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94L)

10629

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 255 W. Fifth St.,
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 255 W. Fifth St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Mary Elizabeth Smith

3. (b) Social Security Number none

4. Sex: female
5. Color or race: white
6. (a) ~~Single, married~~, widowed, or ~~divorced~~: widow
6 (b) Name of husband or ~~wife~~ Claude I. Smith
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) July 3, 1872

8. AGE: Years 68 | Months 3 | Days 0 | If less than one day ____ hrs. ____ min.

9. Birthplace Doub, Frederick, Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business At home
FATHER
12. Name Charles W. Myers,
13. Birthplace Nr. Jefferson, Md.
MOTHER
14. Maiden name Ellen E. Fulmer,
15. Birthplace Nr. Jefferson, Md.
16. Informant Mrs. Helen F. Hoffman,
Address Frederick, Md.
17. Burial (Burial, ~~cremation, or removal. Which~~?) Date thereof 10 / 5 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Md.
18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.
19. 4-Oct 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-3 1940, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-6- 1939, to 10-3- 1940, and that I last saw her alive on 7-10 1940.

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION: A few minutes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D. or other
Address Free Ulel Date signed 10/3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

10630

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred: 4 W. third Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No.: 4 W. Third St. (If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: Marian Colton Steiner

3.(b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 10, 1874

8. AGE: Years	Months	Days	If less than one day
66	0	14	hrs. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: At Home

FATHER 12. Name: William Hart Steiner

13. Birthplace: Frederick Md.

MOTHER 14. Maiden name: Ida Colton

15. Birthplace: Baltimore, Md.

16. Informant: Miss Margaret H. Steiner

Address: 4 W. Third St, Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/28/40 (month) (day) (year)

Cemetery or ~~crematory~~: Greenmount Cemetery

Location: Baltimore, Md.

16. Funeral director: M.R.Etchison & Son

Address: Frederick, Md.

19. 26-Oct 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 24 1940 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 24 1940, to Oct. 24 1940 and that I last saw her alive on Oct. 24, 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	9 hours
Due to: Hypertension	30 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Bernard Tumas Jr. M. D.

Address: 228 N. Market St. Frederick, Md. Date signed: Oct. 25, 40

RECEIVED
NOV 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

10631

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Montevue - near Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:
Montevue, Frederick, Maryland

How long in hospital or institution? 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ Montevue - near Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. .....
(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME George Stonebrenner

3.(b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 27, 1865

8. AGE: Years	Months	Days	If less than one day
75	6	14	..... hrs. ..... min.

9. Birthplace Weverton, Washington Co., Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Samson Stonebrenner
13. Birthplace Weverton, Maryland

MOTHER
14. Maiden name Elizabeth Fulton
15. Birthplace Weverton, Maryland

16. Informant Registrar, Montevue
Address Frederick, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Oct. 15-1940 (month) (day) (year)

Cemetery or ~~cremetery~~ United Brethren Md.

Location Browningsville - Washington Co

18. Funeral director C. E. Cline & Son
Address Frederick, Maryland

19. 12-Oct 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1940 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1934, to Oct. 12 1940 and that I last saw h. in alive on Oct. 11 1940

Immediate cause of death Carcinomia of chest also

Due to involvement of face & neck

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

DURATION 8 yrs.

Major findings of operations .....
Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE B. O. Thomas M. D. or other

Address Mt Ararat, Md Date signed Oct. 12-40

Mr. B. A. Thomas

RECEIVED
NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

10632

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
~~City or town~~ Frederick - Rural ~~Ward No.~~
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D.I.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Infant Strawsburg

3. (b) Social Security Number —

4. Sex M.
5. Color or race W.
6. (a) Single, ~~married, widowed, or divorced~~ Single
6 (b) Name of husband or wife —
6(c) If alive, give age Stillborn years
7. Birth date of deceased (mo., day, yr.) Oct. 21. 1940

8. AGE: Years — Months — Days — If less than one day ___ hrs. 5 min.

9. Birthplace Frederick, Md.
(Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name William Strawsburg
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden name Lilian Irene Smith
15. Birthplace Fredk. Co. Md.

16. Informant Mrs. Carl S. Reiley
Address Frederick R.F.D.I.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof Oct. 22. 1940 (month) (day) (year)
Cemetery or ~~crematory~~ At Home
Location Near Woodsboro Md.

18. Funeral director Powell & Albaugh
Address Woodsboro Md.

19. 22-Oct 1940 Ira J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/21/40 19__, at 12.10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__, to ___ 19__, and that I last saw b[illegible] alive [illegible] 19__.

Immediate cause of death Stillbirth
3 months fetus

DURATION

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Easterday M. D. or other
Address Wolfersville Md. Date signed 10/21/40

S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

CERTIFICATE OF DEATH

10633

Reg. Diat. No. 131

1243

1. PLACE OF DEATH:
County Frederick
City or ~~Town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 yrs.
Hospital, institution, or street address where death occurred:
Frederick City Hospital, Fredk. Md.
How long in hospital or institution? 3 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~Town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 312 Park Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME William Howard Stup

3.(b) Social Security Number # 216-14-5356

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6.(b) Name of ~~husband~~ or wife Leora Zimmerman
6.(c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) July 6, 1871

8. AGE: Years	Months	Days	If less than one day
69	3	9	....hrs. ....min.

9. Birthplace Church Hill, Md.
(Town, county, and state)
10. Usual occupation Night Watchman
11. Industry or business Bank
FATHER 12. Name Josiah E. Stup
13. Birthplace Frederick Co, Md.
MOTHER 14. Maiden name Annie Catherine Angleberger
15. Birthplace Frederick Co, Md.
16. Informant Mrs. Leora Stup
Address 312 Park Ave, Frederick, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Oct, 17 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Md.
18. Funeral director M.R.Etchison & Son.
Address 106 E.Church St, Frederick, Md.
19. 17-Oct 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1940, at 12:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2 1940, to Oct. 15 1940
and that I last saw h— alive on Oct. 15 1940

Immediate cause of death	DURATION
Congestive heart failure due to	3 days
Due to Arterio sclerosis	
Due to Para Lyphoid B	2 weeks
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. O. Thomas M. D. or other
Address Frederick Md. Date signed Oct. 16, 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 131

CERTIFICATE OF DEATH

10634

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 308 N. College Parkway
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20 yrs If foreign born, how long in U. S. A.? ____ years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N. College Parkway (If rural give location)

3 (a) FULL NAME Clinton Clay Thomas

3 (b) If veteran, name war: no

3 (c) Social Security No.: no

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widower

6 (b) Name of ~~husband~~ or wife: Mary E. Thomas

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 8/19/~~50~~

8. AGE: Years 84 | Months 2 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace nr. Adamstown, Md (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Lewis E. Thomas
13. Birthplace nr. Adamstown, Md

MOTHER
14. Maiden Name Sophia E. Dixon
15. Birthplace nr. Adamstown, Md

16 (a) Informant J.S.Thomas
(b) Address 308 College Pkwy, Fredk, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/27/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Md.

18 (a) Funeral director M.R.Etchison & Son
(b) Address Frederick, Md.

19 (a) 26-Oct-1940 (Date rec'd by registrar) (b) Dora J. McSherry Registrar

MEDICAL CERTIFICATION

A

20. Date of death October 25, 1940, at 1:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9-40 1940, to 10-25 1940, and that I last saw him alive on 4-8- 1940.

Immediate cause of death	Duration
Angina Pectoris	
Due to Cardiovascular disease	1 hour
Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. H. Cooley M. D. or other

Address Frederick, Md. Date signed 10/26/40

RECEIVED
NOV 5 1910
BUREAU N. R.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(8)

10635

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County Fred.
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Fred.
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME THOMPSON

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced ---------

6 (b) Name of husband or wife
B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Brunswick, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business ------

FATHER
12. Name Phillip M. Thompson
13. Birthplace Md.

MOTHER
14. Maiden name Hilda E. Carthy
15. Birthplace Md.

16. Informant Father
Address

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct. 26 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Luthern
Location Middletown

18. Funeral director C. H. Fette & Bro
Address Brunswick

19. Oct. 26 1940 (Date rec'd by registrar) Mrs. H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25, 1940 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death Premature Brit
6 Mos
Due to Baire dead
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Edwin West M. D. or other
Address Brunswick Md Date signed Mar 4th 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

10636

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME 2 girls Robin Premature Thompson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1940

8. AGE: Years	Months	Days	If less than one day
			hrs. 5 min.

9. Birthplace Brunswick
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Chas M. Thompson
13. Birthplace Md

MOTHER 14. Maiden name Gladys E. Corbett
15. Birthplace Md

16. Informant Chas M Thompson
Address Brunswick Md

17. (Burial, cremation, or removal) (Which?) Date thereof (month) (day) (year)
Cemetery or crematory Fairview
Location Middletown Md
18. Funeral director A. N. Tuttle & Bro
Address Brunswick Md

19. Oct 26 1940 Ina H. E. Hodges
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1940, at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19,
and that I last saw h alive on 19,

Immediate cause of death	DURATION
There was premature birth which caused	
Due to Mitrietes and died during & that	
Due to from	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lewis West M. D. or other
Address Brunswick Date signed Oct 26 1940

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

WITHIN CORPORATE LIMITS

10637

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County: Frederick

City or town: Brunswick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Schnauffer Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 hours

Stay in this community (yrs., or mos., or days): 49 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Frederick

City or town: Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: James H Thompson

3. (b) Social Security Number: 750-12-4040

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Effie P Himes

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Mch 7 1881

8. AGE: Years: 59 Months: 7 Days: 17 If less than one day: hrs. min.

9. Birthplace: W Va
(Town, county, and state)

10. Usual occupation: Conductor (Retired)

11. Industry or business: B & O R R

FATHER
12. Name: Reed P Thompson
13. Birthplace: W Va

MOTHER
14. Maiden name: Susie P Kidwiler
15. Birthplace: W Va

16. Informant: Mrs James H Thompson
Address: Brunswick Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 27/40 (month) (day) (year)

Cemetery or crematory: Park Heights

Location: Brunswick Md

18. Funeral director: C H Fritz & Bro

Address: Brunswick Md

19. Oct 24 1940 (Date rec'd by registrar) Mrs H S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 23 1940, at 1:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 22 1940 to Oct 23 1940 and that I last saw him alive on Oct 23 1940.

Immediate cause of death: Coronary Occlusion

DURATION: P

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: William Shnauffer M. D. or other

Address: Brunswick Date signed

VS A16 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1702)

10638

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:
County Frederick
City or town nr. Lewistown, Md. Route # 15
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 34 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town rural Hansonville,
(If outside city or town limits, write RURAL and give nearest town)
Street No. rural Frederick, Md.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME Schley Taylor Toms

3.(b) Social Security Number 216-03-6408 None

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6.(b) Name of ~~husband~~ or wife Mary C. Fogle
6.(c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1906

8. AGE: Years	Months	Days	If less than one day
34	2	0	..... hrs. ..... min.

9. Birthplace Nr. Walkersville, Fred., Md.
(Town, county, and state)
10. Usual occupation Laborer W. P. A.
11. Industry or business

FATHER
12. Name Samuel M. Toms
13. Birthplace Nr. Walkersville, Md.

MOTHER
14. Maiden name Mary C. Kauffman,
15. Birthplace Nr. Gettysburg, Pa.

16. Informant Mrs. S. T. Toms,
Address Frederick, Md. R. D.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 10/15/40 (month) (day) (year)
Cemetery or ~~crematory~~ Utica Cemetery,
Location Utica, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. 14-Oct 1940 Ira J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1940 at 8P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (2) seen for first time Oct 13 1940
~~and that I last saw him alive on~~ approximately 8 hours after death 19

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Fracture base of skull	8 hrs.
Due to Hit by automobile (?)	
Due to	
Other conditions Fracture tibia & fibula, right	

(Include pregnancy within 3 months of death)

Major findings of operations None
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident (?) Date of Oct. 12, 1940
Where did injury occur? Route 15 Hansonville, Fred'k. Maryland
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Highway # 15
Means of injury Struck by auto Injured at work? No.

23. SIGNATURE Bernard Thomas Jr. M.D. Asst. Dept. Med. Ex.
M. D. or other
Address 228 N. Market Street Frederick, Md. Date signed Oct. 13, 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 1 1940
BUREAU V. S.

10639

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH

County: Fredrick

City or town: Emmitsburg Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 70 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Fredrick

City or town: Emmitsburg Md (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Mary Elizabeth Topper

3. (b) Social Security Number None

4. Sex: F M

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: None

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 19, 1870

8. AGE: Years 70 | Months 6 | Days 3 | If less than one day ..... hrs. ..... min.

9. Birthplace: Adams Co. Pa (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER
12. Name: James Topper
13. Birthplace: Adams Co. Pa.

MOTHER
14. Maiden name: Jane E. Sanders
15. Birthplace: Adams Co. Pa

16. Informant: Mrs James E Bovey.

Address: Emmitsburg. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 25, 1940 (month) (day) (year)

Cemetery or crematory: St Joseph Catholic Cemetery

Location: Emmitsburg Md

18. Funeral director: S. L. Allison

Address: Emmitsburg Md.

19. Oct 23 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 22 1940 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~dead~~ 19 to 19

and that I last saw her ~~alive~~ on Oct 22 1940

Immediate cause of death: Coronary occlusion — DURATION: Immediate

Due to: Arteriosclerosis

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. W. Baer — DR. R. W. BAER DEPUTY MEDICAL EXAMINER M. D. or other

Address: Frederick, Md Date signed: 10-22-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

10640

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
County Frederick
City or town Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
Emergency Hospital
How long in hospital or institution? 19 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 140 W. Saint St.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME Charles Walker

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Col.	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1874

8. AGE: Years 66 | Months 8 | Days 7 | If less than one day ..... hrs. ..... min.

9. Birthplace Frederick, Frederick, Md.
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business

FATHER 12. Name Phillip Walker

13. Birthplace Frederick, Md.

MOTHER 14. Maiden name Emily Smith

15. Birthplace Frederick, Md.

16. Informant Miss Adelsperger. Emergency
Address Hospital, Frederick, Md.

17. (Burial, cremation, or removal) Burial Date thereof 10/28/40 (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location Frederick, Md.

18. Funeral director M. P. Eichinger & Son

Address Frederick, Md.

19. 28-Oct 1940 (Date rec'd by registrar) Raymond McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1940, at 5 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 6 1940, to Oct. 25 1940 and that I last saw him alive on Oct. 25 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 days
Due to Arteriosclerosis	4 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. O. Thomas M. D. or other

Address Frederick Md Date signed 28/2-4/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

10641

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 36 hours
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Nr. Myersville, Md. #1 Ward Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Warrenfeltz, M. John
3. (b) Social Security Number None

4. Sex M | 5. Color or race W | 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mrs. Margaret Warrenfeltz
6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) April 18 1866

8. AGE: Years 74 yrs | Months 5 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Md. Nr Wolfsville Fred Co
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own

FATHER
12. Name Joshua Warrenfeltz
13. Birthplace Md.

MOTHER
14. Maiden name Sarah Easterday
15. Birthplace Md

16. Informant Mrs John W. Warrenfeltz
Address Myersville, Md

17. Burial Date thereof Oct 9 1940
(Burial, cremation or removal?) (month) (day) (year)
Cemetery or crematory United Brethern
Location Myersville, Md

18. Funeral director J. Thos. Bittle & Son
Address Myersville, Md.

19. 9-Oct 1940 Ira J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION.

20. DATE OF DEATH Oct. 7 1940, at 5:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 1940, to Oct 7 1940, and that I last saw him alive on Oct 6 1940.

	DURATION
Immediate cause of death Carcinoma of large bowel.	
Duration: three months	
Due to Myocardial insufficiency	1 wk
Due to Bronchopneumonia	3 days
Other conditions Partial Intestinal Obstruction. Inguinal Hernia.	2 mo?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Austin Pearre M.D.
M. D. or other
Address Frederick, Md. Date signed

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10642

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 1Yr 4Mos 3Days

Stay in this community (yrs., or mos., or days): 1Yr 4Mos 3Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Brentwood Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3702 Fenwick St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Nellie May Wells

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Lewis W Wells

6(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): October 20 1901

8. AGE: Years	Months	Days	If less than one day
38	11	11	____ hrs. ____ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: John W Bell

13. Birthplace: Virginia

MOTHER — 14. Maiden name: Emma A Fletcher

15. Birthplace: Virginia

16. Informant: Nellie May Wells

Address: Brentwood, P.G.Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 4 1940 (month) (day) (year)

Cemetery or crematory: Ft. Lincoln Cem

Location: D.C.

18. Funeral director: Francis Gasch & Sons.

Address: Hyattsville Md.

19. 10/1/1940 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH: October 1 1940 6.50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1939, to Oct 1 1940, and that I last saw her alive on Sept 30 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 9½ Yrs

Due to: Tubercle Bacilli

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Dt operations: none

Dt autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jno E. Landstreet M.D.

M. D. or other

Address: State Sanatorium, Md. Date signed: 9/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1940
U. S.

10643

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City ~~or town~~: Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Frederick City Hospital

How long in hospital or institution? 13 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Frederick

City ~~or town~~: Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No. 215 E 4th St (If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Charles A. Wickless

3. (b) Social Security Number: NONE

4. Sex: Male

5. Color or race: White

6.(a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6.(b) Name of ~~husband~~ or wife: Mary Irene Riddlemoser

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 9 - 1874

8. AGE: Years 65 | Months 1 | Days 27 | If less than one day ..... hrs. ..... min.

9. Birthplace: Frederick Co. Md (Town, county, and state)

10. Usual occupation: Gardener

11. Industry or business

FATHER
12. Name: Anthony A. Wickless
13. Birthplace: Frederick Co. Md.

MOTHER
14. Maiden name: Laura Joy
15. Birthplace: Frederick Co. Md.

16. Informant: Mrs J. Wickless

Address: Frederick Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Oct 7/1940 (month) (day) (year)

Cemetery ~~or crematory~~: St. Johns

Location: Frederick Md.

18. Funeral director: C. E. Chine & Son

Address: Frederick Md.

19. Oct-5 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 4 1940, at 12:05 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ Oct 4 1940, to ..... 19..... and that I last saw h[illegible] ~~alive~~ dead on Oct 4 1940

Immediate cause of death: Pneumonia (hypostatic

Due to: Fracture of Leg + jaws

Due to: Auto accident

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 5 days

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide or homicide~~: Yes Date of: Sept 16 1940

Where did injury occur? Rural Public Highway (City or town) Frederick Co. Md (County) (State)

Injured at home, farm, industry, public place (where?): Public Place

Means of injury: Automobile Injured at work? no

DR. R. W. BAER DEPUTY MEDICAL EXAMINER

23. SIGNATURE: [illegible] M. D. or other

Address: Frederick, Md Date signed: 10.4.40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
U. S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d)

Reg. Dist. No. 131

10644

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 118 Water Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 118 Water Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Susan Alice Wiles

3 (b) If veteran, name war: no —

3 (c) Social Security No. no —

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. widow

6 (b) Name of husband or ~~wife~~ William H. Wiles

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept 28-1867

8. AGE: Years 73 | Months 0 | Days 29 | If less than one day _____ hr. _____ min.

9. Birthplace Mt Adamstown Maryland.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home.

FATHER
12. Name Daniel L. Myers
13. Birthplace Adamstown, Md.

MOTHER
14. Maiden Name Susan C. Specht
15. Birthplace Adamstown Md.

16 (a) Informant Ira M. Wiles
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10-29-40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt Olivet Cemetery
Location Frederick, Md.

18 (a) Funeral director M. R. Eddison + Son
(b) Address 106 E. Church St. Frederick Md.

19 (a) 29-Oct-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death October 27 1940 at 7:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3 1938, to Oct. 27 1940, and that I last saw ~~him~~ her alive on Oct. 27 1940.

Immediate cause of death	Duration
Acute cardiac dilation	2 hrs
Due to Chronic Myocarditis	2 yrs +
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas
M. D. or other

Address Frederick, Md Date signed Oct. 29, 1940

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10645

Reg. Dist. No. 144

1. PLACE OF DEATH:

County: Frederick

City or town: Rocky Ridge (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Rocky Ridge (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Charles G. Williams

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Orpha J. Seiss

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 23, 1866

8. AGE:

Years	Months	Days	If less than one day
74	6	15	hrs. min.

9. Birthplace: Cumberland Md. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: None

FATHER — 12. Name: James Williams

FATHER — 13. Birthplace: unknown

MOTHER — 14. Maiden name: Sophia Filler

MOTHER — 15. Birthplace: Greensburg Pa.

16. Informant: Miss Nettie Englar

Address: Rocky Ridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 11, 1940 (month) (day) (year)

Cemetery or crematory: Cem. Mt. Tabor

Location: Rocky Ridge

18. Funeral director: M. L. Creager & Son.

Address: Thurmont Md.

19. October 10 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 8 1940, at 12A: M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 5 1940, to Oct 8 1940 and that I last saw him alive on Oct 5 1940

Immediate cause of death	DURATION
Myocardial Infarct	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? No (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. H. Musselman, M.D. M. D., or other

Address: Johnsville Md. Date signed: Oct 8 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 2 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

10646

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME James Lawrence Withrow

3. (b) Social Security Number 220-05-6953

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced widowed
6 (b) Name of husband or wife Mary Frazier
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 17
8. AGE: Years 65 Months Days If less than one day hrs. min.
9. Birthplace West Virginia (Town, county, and state)
10. Usual occupation Shoe Repairer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Edward H. Withrow
Address 415 Walnut St Brunswick Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct 9 1940 (month) (day) (year)
Cemetery or crematory
Location Chilicothe Ohio
16. Funeral director C H Fritz & Bro
Address Brunswick Md
19. 10-7 1940 (Date rec'd by registrar) Jno H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1940, at X.A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw him alive on dead Oct 7 1940.

Immediate cause of death	DURATION
Coronary occlusion	immediate
Due to arteriosclerosis	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE R. W. Baer Priority Med. Ex. M. D. or other
Address Frederick Md Date signed 10.7.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.